

**MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS
PROTOCOL**

SUBJECT: Prosthetics and Orthotics	Protocol #: PA P235.01
APPLIES TO: MHP <input checked="" type="checkbox"/> MLTCP <input checked="" type="checkbox"/> MSSP <input checked="" type="checkbox"/> HEALTHSELECT <input checked="" type="checkbox"/>	Protocol Pages: 2 Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Initial Effective Date: December 2000 Latest Review Date: May 2002

MIHS HEALTH PLANS APPROVALS:

Medical Director: _____ Date: _____
Department Director: _____ Date: _____

PURPOSE: The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Prosthetics and Orthotics. Doctor's order is required by all plans. Member is referred to Prosthetics/Orthotics vendor for appropriate fitting. Approval requires review by a Prior Authorization nurse.

PROTOCOL:

- A. Coverage for MHP, KidsCare and MLTCP members:
 - 1. Prior authorization required.
 - 2. Devices that are essential to the rehabilitation of the member.
- B. Coverage for HS members:
 - 1. Prior authorization is required.
 - a. Limit of \$2000 per contract year for external prosthetics.
 - b. Limit of \$2000 per contract year for orthotics.
 - 2. Requests must meet medically necessary criteria.
- C. Coverage for MSSP members:
 - 1. Prosthetics
 - a. Prior authorization required.
 - b. Covered when furnished incident to physician's services or on a physician's order.
 - c. Stump stocking and harness (including replacements) are also covered when these appliances are essential to the effective use of the artificial limb.
 - 2. Orthotics
 - a. The patient has diabetes –**AND**–
 - b. One of the following is /are present: -**AND**-
 - 1) Previous amputation of part or all of the foot,

- 2) History of foot ulcerations or pre-ulcerative calluses,
 - 3) Peripheral neuropathy with evidence of callus formation,
 - 4) Foot deformity,
 - 5) Compromised circulation **-AND-**
- c. The patient is being treated under a comprehensive plan of care that included the orthotic.

MIHS Health Plans reserves the right to change the protocol for administrative or medical reasons without notification to external entities. This protocol is not intended to be utilized as a basis for a claim submission.